Department of Transportation - Nederal Abiation Administration

Supplemental Type Certificate

Number SA09273AC-D

This Certificate issued to

S-TEC Corporation One S-TEC Way Mineral Wells Municipal Airport Mineral Wells, TX 76067-9236

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 23 of the Federal Aviation Regulations.

Original Product Type Certificate Number:

3A13

Make:

Cessna

Model:

182S

Description of Type Design Change:

Installation of S-TEC System 30 ALT Altitude Hold System, Model ST-719, according to Bulletin No. 819, dated 10-02-97 and Master Drawing List No. 921023, dated 10-02-97 or later FAA Approved revisions of the above data (28 Volt System).

Limitations and Conditions:

- FAA/DAS Approved Pilot's Operating Handbook and/or Airplane Flight Manual Supplement, P/N 891514, dated 10-07-97 is required for Cessna Model 182S or later FAA Approved revisions of the above supplement.
- Compatibility of this modification with other previously approved modifications must be determined by the installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: 10-03-97

Date reissued:

Date of issuance:

10-07-97

Date amended:

By direction of the Administrator

William J. Thomas DAS Staff Coordinator, DAS 5 SW

signature)

(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of the Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the	e ownership of Supplemental Type Certificate Number
to (Name of	transferee)
(Address of	transferee)
	(Number and street)
	(City, State, and ZIP code)
from (Name o	of grantor) (Print or type)
(Address of	grantor) (Number & street)
	(City, State, and ZIP code)
Extent of A	uthority (if licensing agreement):
Date of Trai	nsfer:
Signa	ture of grantor (In ink):